

<p style="text-align: center;">Transportation/Facilities Workgroup EMSSTAR Workgroup – Meeting Notes</p>
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June 21st, 2005, 1:30 – 3:30 pm
Maine Emergency Medical Services Office
500 Civic Center Drive
Augusta, Maine

Present:

Paul Knowlton, EMT-P, Meridian Mobile Health
Joanne LeBrun, Tri-County EMS
Joseph Moore, Mid Coast EMS
Richard Doughty, EMT-P, Meridian Mobile Health
Jim McKenney, EMT-P, Crown Ambulance
Drexell White, EMT-P, Maine EMS
Gary Utgard, EMT-P, Sanford Fire Dept
Bob Johnson, LifeFlight of Maine
Rick Cheverie, Bangor Fire Dept

Not Present:

Chief Jim Farrell, Augusta Fire Dept.
Perry Jackson, EMT-P, Crown Ambulance
Chief Roy Woods, Caribou Fire/EMS

1. Review/Approval of Notes from 6/9 meeting

- a. Minutes approved by group

2. Discussion of Notes from Regulations/Policy workgroup

- a. Workgroup was informed that the Regulations/Policy workgroup will be working on possibly starting with a clean slate with regards to the current system set up. This may or may not have an effect on this workgroup's discussions/actions.
- b. The group was reminded that because all the notes from each meeting will be uploaded online as soon as possible, they will be kept informed of what the other workgroups are working on.

**3. Discuss the Standards and Status of the Transportation/Facilities section –
Do you agree with the EMSSTAR Statement?**

- a. Group reviewed the 4.4.1 Standard and agreed that the 4.4.1 Standard was an accurate statement.
- b. Group reviewed the 4.4.2 Status and agreed that the 4.4.2 Status Sections were accurate statements
- c. Overall the group agreed that the Standards/Status is a true reflection of the current state of the EMS Transportation

4. Review/Discuss 4.4 recommendations

- *Discuss each of the recommendations – do they make sense – do they mean the same to everyone – did EMSSTAR get it right – Prioritize*
- *Accept/Reject/Modify*
- *Any additions to the recommendation*

a. Discussion of recommendation 4.4.a “Develop a strategy and a program to analyze the response times statewide and distribute the information to each agency”

- i. Response time reports are automatically generated quarterly, so there is a system in place. Group thought this concern may have come from individuals who may not know that this report is currently being generated.
- ii. There is a strategy to improve response times, however, this would be regional, and not done by the state. Each area has their own goals and desires.
- iii. Group agreed that in order to tackle this recommendation first, the group must define what response time is. Currently, there are different definitions depending on the organization. There should be a consistent way to measure the same response time, however, depending on the type of agency, the standards may be different.
- iv. Objective for the group may be to eliminate the 20 min response time, and replace with response times specific to each area depending on the current data – what is truly appropriate for that area.
- v. The 20 min response time was set in place because there was nothing in place at that time. Group agreed, it is now time to modify that definition with the use of statewide response time data.
- vi. Group should also clarify WHO is the first responder.
- vii. Have EMS run sheet data so that the group can actually see what is being discussed.
- viii. Challenge is crafting a legal benchmark along with an optimal benchmark
- ix. May have to be a split system response time that would account for geographic limitations and concerns
- x. Use historical data to profile area or service for each region.
- xi. Bring in a run report so all can see what is actually being reported
- xii. Drexell to provide a copy run report, copy of data and copy of run report manual to the group for the next meeting. Statewide average, region, per service – data to be provided
- xiii. Is there a way to modify run reports so that they are more accurate for everyone

- xiv. Overall, group agreed this was a high priority and should be addressed along with recommendation 4.4 b.

b. Discussion of recommendation 4.4.b “Revise the rules and regulations to eliminate the 20 min annual average response time. In its place, require all EMS agencies to develop a stated response goal using contemporary methodology based on a specific needs assessment for their response area. This report should be reviewed during the annual licensure renewal process”

- i. Group agreed, this recommendation should be addressed in conjunction with 4.4 a.
- ii. Break down response times per services, by times... 1-5 min, 6-10 min etc. Then use the percentages from each to drive concerns as to what is out of the norm
 - i. Analyze that data so it can be seen where the problems may be and possibly correlate those abnormalities with specific events.
 - ii. Again, the task of defining “response time” is key in addressing this recommendation.
- iii. Group feels this is a high priority and is to be addressed 2nd (in conjunction with 4.4 a)

b. Discussion of recommendation 4.4.c “Establish criteria for marine EMS transport units”

- i. Group feels this is a low priority and should be addressed last.
- ii. Historically, Maine EMS has stayed away from the marine EMS transport units due to the complicated layers of regulations and policies.
- iii. Currently, a combination of local providers, marine patrol, and coast guard perform this function. No one is actually responsible for the islands
- iv. Now, regulations/criteria go out the window in an emergency situation – what ever is needed to be done, is done.
- v. Should there be a licensed marine ambulance?
- vi. Emergencies are so infrequent, is this even an issue?
- vii. Group would need to know the actual numbers of emergency calls in order to prioritize this recommendation.
- viii. Develop criteria should a locale desire to implement marine EMS procedures, have them in place and ready to use. Use other state’s criteria as models for adoption.
- ix. Data may not be clear. People who go outside a licensed EMS provider aren’t recorded and can’t be analyzed.
- x. Recommendations could go out to each service, and guide how they operate.

- xi. Contact Washington, California, Florida etc. to see what they are currently doing (check if they have their regulations online)

c. Discussion of recommendation 4.4.d “Modify the Maine EMS Prehospital Treatment Protocols to authorize all EMS providers statewide to request air medical transport units without online medical direction”

- i. Group agrees this should be its first priority. Group feels this is easy to do, and currently is not required via the protocols
- ii. Creates confusion and delays when required to call
- iii. Depending on your region, you may be afforded different standards of care
- iv. Group agreed this is a modification that must be top priority
- v. Each region makes this decision. Statewide, this should be up to the EMS provider to make the call

d. Discussion of recommendation 4.4.e “Implement the Ambulance Vehicle Operators Course (AVOC) training requirement without any further postponements of the effective date”

- i. Group feels this is a medium priority and is prioritized as the 3rd recommendation in 4.4 to address
- ii. As a system, they feel that it is very important to have this training, but there is a lack of funding in order to implement.
- iii. Group would need to provide a cost analysis to the legislature in order to gain the funding.
- iv. Substitute EVOC for AVOC could be an alternative
- v. Utilize national data, other state models to improve training vs. just using AVOC as the only solution
- vi. Group agreed to outline EVOC and AVOC, review the actual cost data analysis and then brainstorm other avenues for funding (insurance providers, other businesses)

5. Review/Discuss 4.5 recommendations

- *Discuss each of the recommendations – do they make sense – do they mean the same to everyone – did EMSSTAR get it right – Prioritize*
- *Accept/Reject/Modify*
- *Any additions to the recommendation*

a. Discussion of recommendation 4.5.a, b and c “Conduct a needs analysis of sending facilities to identify the staffing and scope of practice expectations for patients requiring interfacility transport”, “Perform a comprehensive review of the Paramedic Interfacility Transport Module and revise the content based on the needs analysis

findings”, “Conduct a review of destination selection criteria utilized by EMS personnel.”

- i. Would like to obtain the data that is stated in these 3 recommendations. Group feels there is no evidence of such data
- ii. Check with the MDPB for data
- iii. Request data from the state
- iv. If this is currently being handled, should the workgroup tackle these recommendations?
- v. If it’s not being done, it is a top priority
- vi. If 4.5 c has been done, could be done better?

b. Discussion of recommendation 4.5.d “In conjunction with the design of the electronic EMS reporting system, implement a method of assessing the rationale for destination selection made by EMS personnel for all transports”

- i. Group doesn’t understand this recommendation
- ii. Is there a way to review the rationale and compliance with protocols

c. Discussion of recommendation 4.5e “Convene a Pharmacy subcommittee of the Board to investigate options for ambulance restocking that would eliminate the need for ambulance services to carry multiple drug boxes.”

- i. Each hospital currently has it’s own drug box requirement
- ii. Group would start by finding out how each region handles this issue.
- iii. Implementing a universal system could save money
- iv. Option would be to take the pharmacy function out of the hospital all together; however, this would increase the prices of the medication.
- v. Group will develop a short questionnaire and distribute to see if this is really a problem. Then, they can place this recommendation in the priority line up.

6. Plan Next Meeting

- i. Assignments for next meeting - data requested in order to discuss many of the recommendations
- ii. Discuss Agenda items
- iii. **Next meeting date: July 12th 1:30 – 3:30**